



**Town of Southampton**  
18 Jackson Avenue  
Hampton Bays NY 11946  
**DEPARTMENT OF FIRE PREVENTION**  
Telephone 631-728-1088  
Fax 631-728-3688

**CHERYL KRAFT**  
Chief Fire Marshal  
631-702-2920

**ANNUAL OPERATIONAL PERMIT**

Date of Application: \_\_\_\_\_ Fee: \* (below) \_\_\_\_\_ Tax Map No. \_\_\_\_\_

**Hazardous Storage/Use:**

- |                                                                                                                 |                                                            |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Storage of Combustible and Flammable Liquids                                           | \$ 125 (55gal. -1,000 gal.) \$500 [in excess of 1,000 gal] |
| <input type="checkbox"/> Storage of Flammable finishing                                                         | \$150                                                      |
| <input type="checkbox"/> Combustible dust/vapor producing operations                                            | \$135                                                      |
| <input type="checkbox"/> Welding and Cutting Operations                                                         | \$50                                                       |
| <input type="checkbox"/> Pyroxylin Plastics                                                                     | \$125                                                      |
| <input type="checkbox"/> Storage of Explosives                                                                  | \$500                                                      |
| <input type="checkbox"/> Hazardous Materials Storage greater than reportable quantities as listed in Chapter 27 | \$250                                                      |

**Storage of Compressed and liquefied gases:**

- |                                                                                 |       |
|---------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> 2,000 to 10,000 gallons [container water capacity]     | \$175 |
| <input type="checkbox"/> In excess of 10,000 gallons [container water capacity] | \$500 |
| Storage for Retail Sale of Propane (Exchange):                                  |       |
| <input type="checkbox"/> 2,000 gallons or less                                  | \$300 |
| <input type="checkbox"/> More than 2,000 gallons                                | \$350 |
| <input type="checkbox"/> Temporary installation of flammable compressed gases   | \$35  |
| <input type="checkbox"/> Temporary installation 2,000 gallons or less           | \$250 |
| <input type="checkbox"/> Temporary installation more than 10,000 gallons        | \$500 |

**PART 1: Applicant Information:**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Daytime Phone No.: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Property Owner Name (if different from applicant): \_\_\_\_\_

Emergency Contact Person -Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

**HAZARDOUS MATERIALS REPORT FORM**  
[GENERAL MUNICIPAL LAW, § 209-U]  
**MUST BE ATTACHED TO THIS APPLICATION**  
**FAILURE TO DO SO WILL RESULT IN REJECTION OF THE APPLICATION**

SIGNATURE OF APPLICANT (ALL PERMITS)

The accuracy of the information, plans, diagrams and other facts submitted in conjunction with the application are the responsibility of the applicant. Any false statement made herein is punishable as a misdemeanor, pursuant to Section 210.45 of the New York State Penal Law.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Make checks payable to Town of Southampton \*\***